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The Canadian Nurse

extends to all its readers

Sincere Greetings

in

This Season of Victory

and Peace

Christmas, Nineteen Eighteen

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Victory! Justice has Won

"Oh make Thou us, through centuries long,
In peace secure, in justice strong;
Around our gift of freedom draw
The safeguards of Thy righteous law;
And, cast in some diviner mould,
Let the new cycle shame the old!"

The universal rejoicing, when it became known on Monday morning that the armistice had been signed, and the sword sheathed for a definite term, was the measure of the repression of over four years which our splendid people have endured with fortitude. But when the hand of time pointed at length to the hour of victory their gladness overflowed, and, in true British fashion, they celebrated one of the most memorable days in the history of the world.

The first general intimation of the signing of the armistice was given by the maroons. The effect was electric. Tools were downed, and away raced the people into the open, where without ceremony it was possible to express their joy; and it was a stupendous joy which made magnificent music from millions of throats, and drums and pipes, hooters, tooters and dancing feet.

Just to be in the crowd made one feel a thousand years young.

Then the crowds surged to Buckingham Palace and called for their King. The King and Queen throughout the four grim years of war have been in the midst of the people, strengthening, comforting, sympathizing wherever they found trouble, pain and sorrow, and instinctively the heart of the people turned to their Sovereign in their joy.

The great ovation which greeted their Majesties as they appeared on the balcony of the palace (hung with crimson and gold) was not only that of people loyally acclaiming their Sovereign on the declaration of victory, but of a more intimate and personal quality. The King and

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the people had been through deep waters together, and together they exulted that at length they had come to the desired haven.

Their Majesties' appearance was the signal for the band to play the national anthems of the Allies, followed by "O God, Our Help in Ages Past," and "Now Thank We All Our God" and "Land of Hope and Glory."

The King struck the right note as he spoke to the people:

"With you I rejoice, and thank God for the victory which the Allied armies have won, which have brought hostilities to an end and peace within sight."

In his message to the Empire's armies, His Majesty wrote:

"I desire to thank every officer, soldier and woman of our Army for services nobly rendered, for sacrifices cheerfully given; and I pray that God, Who has been pleased to grant a victorious end to the great crusade for Justice and Right, will prosper and bless our efforts in the immediate future to secure, for generations to come, the hard-won blessings of Freedom and Peace."

Crowds also flocked to St. Paul's and to Westminster Abbey, where thanksgiving services gave expression to the deep joy of the Empire, while in the street merriment and high spirits were in happy contrast to the repression of the last four years.

And if we in this country are filled with thankfulness and relief that the war-cloud has at length lifted, what must be the feelings of our brave French and Belgian Allies, whose countries have been invaded and their inhabitants brutally treated. To them the peace foreshadowed must indeed come with healing in its wings.

As Justice has won, we must have a just peace to crown a glorious victory.—*British Journal of Nursing.*

War and the Sugar Bowl

People who hoard sugar fail to realize how selfish and unpatriotic they are. There is ample sugar coming into Canada, but it comes in smaller quantities than hitherto. Small quantities bought regularly would meet everybody's needs. Yet there is much hoarded; and many people who are playing the game honorably are simply being robbed of their share by the selfishness of their neighbors. Hotels, restaurants and manufacturers using sugar are on an allotment plan. Retail storekeepers cannot secure large quantities as before, and they should not be requested to sell the same amounts at one time.

Canada Food Board.

Overheard at an Emergency Hospital

Excited V.A.D.—Oh, nurse! Nurse! What shall I do? A light-diet has eaten a full-diet!

Whence Cometh the Victory?

The crossing of the Red Sea by the children of Israel and the overthrow of Pharaoh's army was not more wonderful in its dramatic completeness than has been the backward thrust from the Marne, the breaking of the Hindenburg line and the final overwhelming defeat of the armies of the Kaiser on the Meuse, the Aisne and the Scheldt.

Nor to those who see in great historical events the working of a power greater than that of men will these last four months of struggle, of sacrifice, of victorious achievement, seem less Divine in their manifestations and ordering than were the various stages of miraculously directed events that preceded and led up to that awful culmination in the waters of the Red Sea that gave deliverence to God's ancient people.

Four times during the course of the war did it seem as if the massed might of the German hosts would prevail against and overwhelm the weaker and less well-prepared armies on the Western front.

At the Marne in 1914, at Ypres in 1915, at Verdun in 1916, and again at the Marne in this present year, victory for the Germans seemed a possibility, and to them a sure thing.

As the staggering blows fell and our men reeled under their shock, it appeared for a time as if the British and the French forces must give way and so prove unequal to the task of defence; but they never did. For always at the crucial moment, as if moved by the intervention of some invisible power, something happened, and the battle was turned. What had seemed at first to be assured victories for the German arms proved, in fact, the first stages in their ultimate defeat.

Napoleon declared that it was by big battalions that battles were won; but at Waterloo he learned that his statement was not true.

The Kaiser and the German military caste believed that superiority in men, in material, and in military preparation and skill, with the addition of unspeakable "frightfulness," were the pre-requisites of military supremacy; but in four years of unprecedented fighting, culminating in their abject defeat, they have learned that they are not so.

Truth will not down. Military skill, preparedness and efficiency have their own value, but they are not everything; there are greater factors.

Foch was right. Lloyd George was right. President Wilson was right. And every one of the Allied leaders who has spoken was right when they declared that, in the last resort, the war was to be won not by material means, however stupendous in its aggregate, but by strength of soul; or, as was said by the prophet of old, "Not by might nor by power, but by My spirit, saith the Lord of Hosts."

The success of the Allies, in the end, was dependent upon the principles of Truth, Justice and Human Freedom, upon which their cause rested, and to the inspiration and high courage which these principles gave to the men who did the actual fighting. The final result but bears out the testimony of all the ages: *"Magna est veritas et praevalebit."*

The British Columbia Veterans' Weekly.

The Infant Soldier

By W. W. Chipman, M.D.

The world to-day is, alas! an armed camp; everywhere there sounds the tramp of the soldier. He is the most important person in it—the poilu in France, Thomas Atkins in Britain, Johnny Canuck and the American Sammy—for he is deciding, he will decide, the fate of nations. Truly, it is a gigantic struggle. And yet all around us, heralded by no fife or drum, there is a larger and a deadlier conflict, a conflict fraught with wider issues, for it marks the struggle of the whole human race—the struggle of this race to survive, to perpetuate, and to better itself. In order to survive it must better itself; there is no standing still—to live is to outlive. And in this world-wide struggle, which embraces and includes our friends and our enemies alike, the actual "personnel" in the conflict is the infant soldier. He is in the very impact and crush of the conflict.

The Great Miracle. There are many miracles in the world, daily miracles; but of them all there is none so great as the birth of the child. There is nothing of the miraculous that is quite to compare with this; for as it was the first, so shall it be the last of the whole human cosmos. To the very end of things it is the final word.

And yet, as a miracle, it is common enough. In this small city of ours there are some five hundred every week. Its very frequent daily occurrence has made of it a common-place; nevertheless, in and of itself, it is a miracle.

As you know, the fertilized ovum is barely visible to the naked eye; it is one-hundredth and fiftieth of an inch in diameter, and its weight is unappreciable. And yet it is that in 280 days—ten lunar months—there is born from this the full-term and mature child, some eight pounds in weight. The growth and development are simply miraculous. The single cell of infinitesimal proportions has become in this short time the fully-developed child. From this single cell has arisen all the several and complex tissues that go to make up the body and the brain of this new individual. Contained somewhere within its cosmos is the ego of its mind—and of its soul; and all this occurs within the mother who gives it birth, and within a space of time that marks her scarcely one year older.

The added wonder of it all is that this one primitive egg-cell, invisible, almost, bears within itself the heritage of the whole past and the promise and the destiny of the whole future. The child is not only what its parents are, a combination of their good and bad, but the sum-total of what all his grandparents, the many millions of them, have been. He is in his very unicellular beginning the sum-total of all this gigantic addition. Their various qualities are his—their stature, their complexion, their peculiarities of build, of manner, of walk, of speech.

Thousands of years have made the very color of his eyes and hair. The intonation of his voice and the very tricks of speech belong to his forbears. And then his mental calibre and bias, the traits of disposition and character: Is he selfish? He had a selfish grandfather or grandmother. Has he talent? Some strong progenitor gave it him. He is the sum-total, again, of all that has gone before. And all these characteristics of mind and body find transmission through this single cell that, roughly speaking, is no larger than a needle's point. The needle's point it is; and nine months later, the new-born child. Surely no greater miracle in all the world than this.

The Infant Soldier—His Battlefield. Life is, after all, but one great struggle against death. "In the midst of life we are in death" is perhaps more truthfully expressed, "In the midst of death we are in life." In other words, life is merely a successful adaptation to the terms of our environment. When this adaptation fails, we die.

Again, we must remember that wherever there is life there is also death. After all, life and death may be, and probably are, but different aspects of the same thing. If it be true that where there is no life there is no death, it is equally true that where there is no death there is no life. These two are co-ordinate and component parts; and we cannot have the one without the other.

In the words of the Psalmist, there are greater blessings than mere length of days; three-score and ten mark the years of a long life, and there be comparatively few that reach it.

As you know, the average lifetime is thirty years; and half of the people in the world see only these three-and-thirty summers; and of this half, a further half fail to live out their first year. To put it another way—of a hundred children born, some 25 pass back again to death in their first year, and fail to celebrate on earth a first birthday. The great mortality is during this first year. The baby is new to his surroundings, all the world is strange, and so many things are difficult. It is altogether a new world, and there are so many things to learn. What he eats and what he wears; the daily round of waking-time and sleep; the anxious, or the indifferent and unwise mother, or the careless nurse; the heat of summer or the cold of winter; and lurking everywhere, ready to pounce upon him, the organismal factors of acute disease. The chiefest of all these—his greatest enemy—is his food. So often here his mother fails him—fails to nurse him, alas! very often wilfully, and he is left to shift as best he can with his foster-mother of many generations back—the inadequate, patient, domestic cow.; or, worse still, with the vaunted futilities of proprietary foods in the chemist's shop. So it is that the first year is in very truth a battlefield; and on this field, in scores, he dies. Last summer, in the city of Montreal, the infant soldier died at the rate of some three hundred per week —and Montreal is not a large city. It is, moreover, a modern city, and boasts an efficient civic government. What must it be, think you, in

other countries not so wisely dominioned! In other words, in our own city over 50 per cent. of the total deaths were those of children under one year. It is, in very truth, a fearful death-rate, and is enough to impeach, before any tribunal, any claim to modern civilization.

To survive all this during his first year, the infant must be a bit of a soldier. Of course, his lines may fall in pleasant places, and he be cared for, well nourished and protected; so his fighting qualities may not be taxed, or even greatly demanded. But the larger number of the babies fall heir to no such favorable conditions. With them it is a fight from the very first. Their mothers fought before them—fought in poverty, in ignorance and neglect—to give them birth; and so in poverty, in ignorance and neglect the child's life begins. The poverty he can perhaps withstand; it is the ignorance and neglect that kill.

Please remember here that it is not always poverty. Rich he may be in this world's goods, and yet suffer grievously from ignorance, indifference and neglect. A poor child, measured in dollars and cents, may be a very healthy one; a rich child, measured by the same standard, may be everything that is puling, frail and unhealthy. It is not so much the difference of income per week as it is the difference of, first, his inheritance, what his parents had to give him; and, second, what of enlightened care and protection they give him now.

The saddest sight, I think, in all the world is a yearling child who fights alone. Foolish and indifferent parents are, of course, worse than no parents at all. The completest orphan in the world possesses so-called parents. Orphaned so in fact or in deed, the infant soldier puts up his great struggle for his very life. It is true he may perish, in spite of everything that love and skill can provide him; but it is love and skill and wisdom that so frequently save life. As Samuel Butler says: "Birth is commonly considered as the point at which we begin to live. More truly it is the point at which we leave off knowing how to live." That is, before birth the baby knows full well how best to live. It is only after birth that his great trouble begins. And his greatest trouble to keep his body and his soul together is during the first year of his earthly life. It is in very truth a fierce battlefield, and he is indeed an infant soldier.

How to Help the Infant—How to Become His Ally. First and always, his greatest ally is of necessity his mother. For her to possess him is the greatest gift life has to bestow. Nevertheless, and for various reasons, by mischance perhaps, or, peradventure, because his mother does not want him, regards him as a nuisance and as a grave disturbance of her working or social life, his greatest ally—his mother—not seldom fails him. He is accordingly left more or less as a charge upon the general community; and the question of his health, or even of his salvation, become a general question. Accordingly, I shall divide what I have to say into two parts:

(1) The organized social help of the infant soldier; and

(2) His mother—the individual training and education of his natural ally, his prospective mother.

1. *The Organized Social Help.* This help is rendered necessary by our modern social conditions. It is, of course, a confession of incompetence or failure of a family life. A family life has failed to provide for its offspring, through carelessness or incompetence; or possibly the child is "illegitimate," as we term it. From one of these reasons, or from them all, the parents are no longer able or willing to bring up in common decency their children. Hence these children fall, or are thrown, upon the common market, upon the general community; and it becomes not only the community's interest, but its duty, to safeguard and promote the welfare of its *greatest asset and revenue,* the coming generation. Again, I say, all this means—all this arises from the failure of the family compact. Such parents have undertaken more in the way of domestic duties and responsibilities than they can efficiently overtake; the chances are they do not think at all about it, and care less. In every bad sense of the word, they take no thought for the morrow; and so, thinking not of the morrow, they regard in no way their children.

And it is for this reason that the State, or the community, must of necessity intervene; and this is really the raison d'être of all so-called organized charity, organized social help, or whatever name you like to give to it. The whole business is a confession of a fundamental failure. It is making the best of what from the beginning was a bad bargain. Organized social help is really only mending what ought, in all common decency, or common sense, to be prevented altogether. However, in this state of the world's history it is with this mending process that we are concerned. Later on, as we grow wiser, some radical remedy may be discovered and practised.

This organized social help for the children has become wonderfully developed in all our large cities. In the older European countries it is perhaps less talked about, but it is nevertheless wonderfully efficient. This is conspicuously so in Germany.

In America we talk about it a great deal, and we are attempting to do much. Five years ago an association was formed in the Eastern States for the study and prevention of infantile mortality. Its last annual meeting was held in November, in the city of Boston, and it was my privilege to attend this meeting. A large and representative meeting it was—drawn from all parts of the country, and from all walks and professions of life. Two-thirds of the members were women; and they were deadly in earnest, especially those from Missouri. The best thing about this meeting was its practical exhibit, or its exhibits, of practical things—all practical things concerned in the welfare and care of the baby. This exhibit was placed in the quadrangle of the Boston City Library. It included models, charts and diagrams to illustrate not only the life-history of the first year of the child, but also the special dangers to which it is during this year liable. Nurses and

trained attendants were in the several rooms, where demonstrations were carried on concerning the diet, bath, and general hygiene of the young baby. These demonstrations were conducted in the simplest, plainest way, so that they fell within easy reach of the simplest, plainest people. There was nothing extravagant or expensive about them, so that they could be practised efficiently even in the most frugal households.

And this exhibition was crowded with men and women of all walks of life. Scores of women were there, and often with their infants under their arms; and I can assure you that these mothers were interested spectators. They asked all sorts of questions—pertinent, practical questions; and I overheard one anxious, over-burdened mother, with three children in her train, observe to her neighbor: "This is fine. It's better than the movies!" And I verily believe it was for them all much better than the movies; for it showed them in a practical, common-sense way the very things that are essential—the elementary things that they all ought to know. And the sentiment was not lacking either, the true sentiment which concerns the love of children. Of course, as often in the movies, there was no special hero or heroine rescued in the nick of time from the clutch of the deadly villain; no, there was none of this—this slosh and tosh, this guff and bug-a-boo. And, after all, for the workers in great cities, or for the workers anywhere who barely earn their daily bread and raise their children, there is need rather of the real romance of life. No, such an exhibition gives a sane, healthy view of life, and makes for better, happier, cleaner living.

This exhibition has not yet been held in Montreal; but I trust that in the near future it may pay us a visit. However, we are here attempting the education of the mother and the relief and succor of our infant soldiers along some such lines. May I ask each one of you, at some convenient time, to pay a visit to our new foundling hospital, the milk depots in the city, and the day nurseries. Go and see the children there—the foundlings—and notice how they flourish. Little shrimps are they often at first, the waifs and strays from the back-waters of our city life. Little remnants on their admission, they soon, with the comfort and good food, grow not only upward, but outward and round-about—clean, happy and fat. Pay such a visit and remark for yourself the missionary work of Miss Phillips and her staff. A wonderful missionary work it is, and directed towards the help of those who in twenty years are the mothers and fathers of the coming race. It is all very well to save the soul, but it is somewhat essential to save the soul alive—better still to save it in a healthy body.

2. *His Mother—The Individual Training and Education of His Mother.* As far as children are concerned, the mother is, after all, the keystone of the situation. There is no escaping this great biological fact. The mother not only bears the child—gives it birth—but she has borne it; she alone has been concerned in its welfare, its nourishment,

and its protection from the very beginning—from the earliest beginnings of its embryonic life up to the time of its advent as an individual into the world. During those months the care has all been hers, and the baby has belonged exclusively to her. And so far as I know there is no way of changing it, though I have sometimes heard it remarked that it *ought* to be changed. No, there is no way of changing it; and it seems to me, for this very reason, there must always be a closer, more intimate and more recognized understanding between the mother and the child. Hence it is that she only can in an adequate way undertake the care of things; and this care is really more necessary and essential after the child's birth than before it. An infant soldier without the care of his mother is indeed a member of a forlorn hope. To my way of thinking, the greatest tragedy in all the world is the untimely death of the young mother; and equally true, the greatest crime of all the centuries is her wilful abandonment of her maternal duties, her indifference and neglect.

No one, perhaps, has expressed better than Kipling the ideal love-relations between the mother and her child when he says: "Only men understand children thoroughly; and it is only the occasional man, the one who keeps very quiet and humbles himself properly and refrains from talking down to his superiors, who will sometimes understand children." With women, on the other hand, the understanding is intuitive; and how precious it may become! There is no purer, more unselfish love than the love of the sensible mother for her child; and his loss represents to her the very acme of all earthly sorrows. This sense of mother-loss and mother-hope, and resignation, if you will, is most beautifully expressed by Swinburne on the death of an infant soldier, called by him "A Baby's Epitaph":

THE BABY'S EPITAPH

April made me, Winter laid me
Here away asleep.
Right as May-time was my day-time,
Death is soft and deep.
Though the morrow bring forth sorrow,
Well are ye that weep.

Ye that held me dear beheld me
Scarce a twelve-month long.
All the while you saw me smile
Ye knew not whence the song came that made me
Smile, and laid me here
And wrought you wrong.

Angels calling from your brawling
World one, undefiled,
Homeward bade me, and forbade me
Here to rest beguiled.
Here I sleep; nor pass and weep not
Here upon your child.

It is generally conceded by all thinking women that the one big event in a woman's life is her motherhood; that the world before the event is quite a different place from the world after the event. The fact of the child changes entirely, unconsciously and inevitably the whole point of view. It is also true, I think, that no power of imagination on the part of the women who have had no children can succeed in placing them in the same position as the mothers. In spite of all their efforts, their language is, and must be, always a different speech. It is true, of course, that women without children can do very much to help; but it must always be remembered that this help is only second-rate, given at second-hand, as it were, and is never direct or immediate. No, the whole world and the future thereof, if it is to persist and to be inhabited, lies on the knees of the young mothers of to-day; and the paramount nation of the future will be that nation who will provide, not the best soldiers, but the best mothers. The mother will see to it, if she is the right sort, about the soldiers. It is she who will dictate war—or, better still, the cessation of war.

So this question of motherhood is, after all, the one great question in every woman's life. No matter how she may answer this question, yea or nay (destiny often answers it for her), it still remains the great question. And so it is of the first importance that the training and education of the young girl should be always directed—wisely, tacitly, with no fuss or protestation—towards this one great fact.

And in this training for potential motherhood the first essential is a good physique—a good physique and a well-balanced nervous system. And by this I mean that she should possess as nearly as may be a sound mind in a sound body. True it is that her condition in both these respects is heritage from her forbears. She may be possessed in this regard of five talents or of only one; but if it be only one she must make the most of this talent, be more assiduous in its care and, above all things, not abuse it nor bury it in a napkin. Much, indeed, comes back to a wise training and education in her early years. And the training here should be like the training anywhere else, or for any other event. It should be not only physical, but mental and moral; for it is the mind and conscience that always drive and direct the physical machine. A body without a mind or a conscience—without character—is a ship without a rudder; and it is of just about as much value. Nothing should be allowed to interfere with this. It is a good thing, I think, for the young girl to be much with her father or her brothers,

just as it is a good thing for the young boy to be much with his mother and his sisters. By so doing the girl and the boy acquire something from each other. They secure a broader and a healthier outlook on life; become, as it were, less specialized as men and women; and so throughout their lives they come to understand each other better. I repeat that the girl, the young girl, should be a great deal with her father. His influence with her is always good. This is the time in her life when, after all, she gets most from him; always unconscious, she learns through him of the great world about her; she so comes to learn of and to know men on their human side as very practical, working, and, for the most part, honest (though somewhat obtuse) individuals—individuals that in her heart of hearts she comes to love with something of the caring-for, looking-after, mother-kind of love. It is unconscious education along such lines as these that will solve for the world that great and vexed question about which we hear so much and know so little—the relation of the sexes, the inter-relation of the sexes, the great sex problem. Men and women must always live together in this world. The wonder to me always is—society being constituted as it is—not that they do so badly, not that they make so many failures and mistakes, but really that they do at all. It is a wise and essential thing that the girl should see much of her father and the boy much of his mother.

So much for the *training;* and now for the *education*. How should the girl be educated to meet at an advantage, and not at a disadvantage, this large maternal problem that confronts her? And, first, let me say that the girl should be allowed always her choice in this matter. With the coming of her years of discretion—which are so often the years of indiscretion!—she may be surely permitted, even as the boy, to make her choice of the future. I say this, not for a moment forgetting that we are creatures of chance and change. Her mother and father will be of great assistance here, assistants in her estimate of herself. They will see to it that early she comes to know, and that wisely she comes to know, what life means. To the seeing eye, very early in life, the fate is written on the young forehead.

Of course, the adventitious aids of an academic education must of necessity be called in; but please remember that this academic education is the least important factor in the whole business. There is no worse preparation, I think, for actual life than that the adolescent years, the years of physical growth, should be spent for ever in a classroom. Too much classroom saps the young vitality, dwarfs the growing body and stacks the mind with unrealities. It is really a question of mistaking the shadow for the substance. Of course, if the girl be very strong, be blessed with a robust body and mind, she may undertake a good deal of the so-called higher education. But unless she chooses to make this education the sole aim and object of her life, she is to remember that it is only a preparation for the actual living, the actual life, which comes later. It is not only in a sporting or

athletic sense that it is foolish to waste your energy, run yourself out, before the actual race begins. We cannot do everything—or, at least, to do everything is given only to the blessed few. In my experience it is indeed few who are blessed.

Into the details of this academic situation I shall not enter, because it is, after all, not so important. I would suggest that the girl be taught to speak correctly and pleasantly; that she acquire the art and habit of reading, and that her tastes therein be attended to; that she be enabled to write a letter that can be read by the average individual, and understood; that she be taught something of her physiological self and of the great plant and animal world about her; that she know something of the history and present condition and aspirations of the city and country in which she lives. If she be musical she may study music, not otherwise. A language other than her own she should undertake; and she should travel as her father's purse permits, if only to Quebec. In other words, she should know as much of actual things as it is possible for her to know. And she is to do this for her own sake, to make her own life full, on behalf of her own soul.

You may gather from all this that I am a believer in the equality of the sexes, but not in the equality of sex; for here Nature gave the advantage to the woman. Has woman not exclusively in her keeping the world's future—the infant soldier!

And now the social education is to be included here. The demands of so-called "society" are inexorable; and so the young girl must, as it is called, "come out." This coming-out process in many cities is really a strenuous business, a serious tax upon the health of the average girl. She must be fairly strong to stand it at all; and many there be who break down under the excitement, the glamor and the furious pace. Large and elaborate meals at all hours, fantastic clothing and late nights demand great courage and immense staying-power; and there are very many who fall by the wayside here. It is the extreme of the thing, its intensity and its extravagance that deform and kill. In such extremes it is a preparation for nothing that I know of save the nervous break-down and the sanatoria—and the sanatoria the country over are all full of these social victims. It is true, of course, that such social extravagance pertains chiefly to the so-called higher walks of life; yet its influence is felt, I think, among the simpler, poorer and more humble folk. They all would do it if they could, and to the measure of their sixpence they attempt it.

This is a great social evil, and there is no mistake about it. A year or two of this social whirlwind—even in summer there is no holiday—and the girl is tired out and old before her time. Satiety writes its wrinkles upon her blasé and discontented face, and it is often in just this attitude of mind and body that the infant soldier comes first into her consideration. And these supreme days of her womanhood, when her life and vitality should be at their highest level, find

her jaded, out of sorts, and in disrepair. For such a one there is ordained failure from the very first. And the outlook for the infant soldier is dark indeed.

It is true, as I have said, that the conditions just described only obtain in the higer social scale among the prosperous and well-to-do. The influence of these social standards, however, reaches far beyond the limits of this society down to the nethermost stratum of our honorable working classes; for the attempt is always to measure up to the social standard just above us. The familiar incident of the factory or office girl who at fourteen begins her working life, with a ten- or twelve-hour day that knows no weekly respite save a tired Sunday, or no annual holiday save a hurried fortnight, is but the obverse side of the same picture. The one picture means of necessity the other. Small time or opportunity has such a working girl to prepare in any way her mind or body for the complete fruition of her womanhood. And yet, in the midst of it all, of this daily labor and monotonous grind, nine of every ten of them look confidently forward to a home of their own, with somewhere in the background of their minds a faint impression that there may be children. With such a one—I speak of the nine—of care for herself, her mind or body, there is often none at all; in no sense is she prepared to undertake in any way these large responsibilities. She does undertake them, nevertheless; and fails in her responsibilities, perhaps, just as often and just as seldom as her wealthy sister. And the price of all these failures falls always, and heaviest, upon our infant soldier.

The remedy of all these things is generally considered an economic question. But in my opinion it is much more fundamental and much more simple than this; for it is simply a matter of altering our standards, of changing for many things our points of view. I firmly believe that if the social leaders in any city simply lived themselves a simpler life, and lived it because they not only approved of it but enjoyed it and, with no propaganda of any sort, continued so to live, the result would be a surprise even to themselves. After all, "What you are thunders so loud that I can't hear what you say," and there is no need whatever of any amateur or professional declaration. By this simpler life I simply mean the life that is fuller of general interests—one that is closer to the actual realities of things. They must live this life because they really thoroughly like it; if they do it for any other reason the result is fore-ordained failure. There is to be no reformation about this save the reformation in ourselves and them; and such a standard once set, all the others would follow the example. In any transit of men and women, of beasts of the field or fowls of the air, it is the direction of the few in the van that counts. It is always a case of follow my leader. So when the lady of Fifth Avenue changes her mode of dress, her way of thinking and living, it affects at once the sister who lives in New Jersey or Brooklyn. Things are as they are because we are satisfied with them, and because we like them so

to be. And so it is that things are as they are with our friend the infant soldier in each and every walk of life. To a large extent the remedy is in our hands—in the hands of our own women—and we can answer or not the appeal of the infant soldier—*the cry of the children.*

Read at the C.N.A. Convention, Toronto, July, 1918.

A Guy in Guy's

By One of Our Recruits

They undressed him and compressed him,
And with other things distressed him;
And they catalogued him "Left Inguinal Hernia," eh, what?
Then, all modes of fashion shocking,
They produced a kind of stocking
That would easily accommodate more legs than he had got.

Then, by way of a diversion,
They provided an excursion
To a theatre, where the actors seemed so silent and aloof—
Where they opened "Little Mary"
In a style quite cute, though wary,
And solutioned up her inner tube and made it puncture-proof.

Then they brought him back to "Blighty,"
Neatly tucked up in his nighty,
And he slumbered, with exception of occasions when he'd yelp;
And in language of great power
He'd orate for quite an hour,
So that night nurse simply had to stop her ears and call for help.

And after many hitches,
When "eleven" saw his stitches,
He was so completely shaken that he murmured, "Well, I'm blowed!
Like the soldiers in their missals,
I'd rather sleep on thistles,
If they're the sort of stitches that Sister Susie sewed."

—*Guy's Hospital Gazette.*

Do not pray for easy lives—pray to be stronger men; do not pray for tasks equal to your powers—pray for powers equal to your tasks. Then the doing of your work shall be no miracle; but you shall be a miracle. Every day you shall wonder at yourself—at the richness of life which has come to you by the grace of God.—Phillips Brooks.

A Corner in the Children's Memorial Hospital

By Jean Giffen

The Children's Hospital, built in a pretty architectural style, is situated on the side of the mountain outside the city. In a separate wing, reached from the main building by a gallery, there is the circular infant ward, with its bright sun-parlor opening off it, containing in all twenty infants, mostly feeding cases. They are all looking very trig and tidy in their woolly white blankets and their tiny white jackets and bibs. One little atom of five months weighed only five pounds on admission.

It might be interesting to note some of the formulæ on which some of these tiny babies are fed.

Baby Smith, on admission was practically moribund; temperature, 102. She was fed on sterile water and barley water every two hours for 48 hours, until her temperature was normal, and then she was put on a weak feeding of (formula):—Skimmed lactic acid milk, 12 ounces; soda bicarb., grs. x; barley water to 36 ounces—170 calories. Nine feedings of IV. for 24 hours.

This formula was gradually increased, adding whole milk with the lactic acid milk until the latter was omitted altogether, going home witihn three weeks on the formula:—Whole milk, 20 ounces; lime water, 10 ounces; lactose, 1 ounce; barley water to 48 ounces—550 calories.

Little Betty, 13 months old, a case of splenic anæmia, on admission was extremely listless and waxy. Her hæmoglobin was only 30%. Owing to her digestion being so poor she was unable to have any medications, but was given iron citrate hypodermically twice a week. She began with a whole milk formula:—Milk, 18 ounces; lactose, 1 ounce; water to 40 ounces—400 calories.

She had several gastric setbacks, and was on a formula as low as:—Skim milk, 10 ounces; B. water to 32 ounces—150 calories.

Her little cot was always on the gallery; and gradually her condition improved so much that on discharge, after four months of treatment, her hæmoglobin was 95%. She had gained over two pounds, and her formula was increased to:—Whole milk, 01; barley water, 01; egg, 1; gruel and clear soup.

We continue on our round and come to one of the wards where the older children are. There are a few osteotomy cases all lying out in the sun. At the end of their six weeks in plaster, lying out in the sun-parlor, they are very different looking indeed from the little, puny, colorless individuals that they were on admission. With the fresh air and good food, their poor little rickety bodies are beginning to take on some appearance of healthy color.

In the corner bed there is a little girl, Adrienne. She had an Albee operation about eighteen months previously and has done well.

She has now come back for examination. Her plaster jacket removed, the surgeon decides that, after the application of a light plaster, the child will be a suitable applicant for admission to the school in connection with the hospital. This will enable her to get her education, as she is physically unfit to attend an ordinary school, and in a few years, perhaps, be taught to earn her living.

We go into the ward itself, and there we have one or two chorea cases, who, as a rule, do well with rest and all the fresh air possible. One of them, on admission, was very bad, and it was necessary to pad the sides of her cot. After 24 hours, however, she had settled down fairly quietly. In the ward, too, are kept the fresh operative cases. Little Mike, a very sick empyema, is struggling away with his bad cough; and at the end of the ward are two quite big girls, both appendix cases. One little girl, little Jean, is up running about the ward. She had acute rheumatism on admission, but is now quite well and ready to be discharged.

Upstairs we get to another ward. It is a little larger than the one below. In the large side room there are two little typhoids. One of them is beginning to take some interest in her picture-books, but the other is still drowsy. Much the same variety of cases are here. In one of the large side rooms, which are kept as far as possible for admitting new cases before they go to the big ward or sun-parlor, there is a little chap very ill with endocarditis, who is sitting propped up in his cot.

Then we come to the operating theatre. There is perhaps a sameness of operations in children's hospitals, for there is not the big variety of cases that one gets in general hospitals.

We come downstairs again to the outdoor clinic, which has started at 10 o'clock in the morning. There, in one corner of the surgical clinic, is a little girl waiting to be fitted for her celluloid jacket. We make our own celluloid jackets and splints, saving the patients quite an expense.

A light strip of felt is placed down the part along which the splint will open, over which a light plaster negative is taken of the part. When this is dried, it is cut down and removed. This is bound together by a crinoline bandage and filled with impression plaster, the consistency of cream. After allowing this to stand eight or twelve hours to dry, the outside bandages are removed, leaving the cast only. This is allowed to stand for three days, and it is made smooth by sandpaper. Over this is sewn a thin layer of felt, great care being taken to have no wrinkles in it. In making a celluloid jacket, it is an extremely difficult thing to get it free of wrinkles. The patients for whom the jackets are made are nearly all cases of scoliosis and, as can easily be imagined, are not very easy to fit. After the felt is on, a thick coating of celluloid is applied and allowed to dry. This application of celluloid, and drying of it, are repeated for four consecutive coats. On the fifth

application of celluloid, thin strips of book muslin are moulded into the celluloid. From now alternate three coats of celluloid and a layer of muslin until about four or six layers of muslin have been applied. The celluloid, I might mention, is thinned down with acetone after the first coat. When this stage is reached, we complete the jacket or splint with four applications of celluloid.

When the celluloid has dried sufficiently on the cast, which generally takes about three days, the jacket or splint is cut down. It is then removed from the negative for a few hours and then replaced on the negative and bandaged so as to retain its proper shape. When the celluloid has solidified sufficiently to retain its shape, it is finally removed and is now ready for its completion. This consists of placing eyelets down each side of the opening and applying straps, supports, etc., according to the direction of the surgeon.

On our way round we pass the Social Service department, a new venture of the hospital, and most necessary for our work. Our Social Service worker is able to get in touch with the parents of the child at its home, which prevents neglect on the part of the parents after the hospital cure is completed. When a baby is discharged, she visits the home and sees if directions are being carried out in reference to its being taken to a milk station, if too far to bring it up to the hospital. She also is in touch with all plaster cases who have been discharged, and sees that the parents bring the child up for examination at the specified time. We would like to be able to spare a nurse to visit all plaster cases regularly in their own homes, to see that all cases are kept in good condition; but that is impossible yet with a small nursing staff.

The outdoor school in connection with the hospital is an institution full of endless possibilities. The hard-worked principal who controls and teaches the sixty odd children, who attends each day, has the great privilege of being able to educate and train in some way those children who are debarred by some physical disability from attending the ordinary school. Last year two boys and a girl were discharged from the school, each able to earn his or her own living. One of the boys got work in an office and is earning now $50.00 a month. The girl is also a good typist and, living at home, is able to contribute to the upkeep of the home.

One feature of the school is the cooking of the daily dinner. A certain number of girls and boys are each week told off to be responsible for it, under the direction of the assistant teacher; and any day, if one goes into the school at 12 o'clock, noon, one is met with a savory smell of good vegetable soup and boiled suet pudding, with boiled meat and rice pudding and treacle. Sufficient potatoes were grown in a plot of ground at the back of the school to serve well on into the winter.

Three afternoons a week a voluntary worker comes to help the principal by taking a kindergarten class. The children have made good

progress this winter in basket-work, and the younger ones in making scrapbooks. Another worker has a sewing class, and the older girls are all having an attempt to learn to make their own clothes.

We have not yet been able to afford a complete massage department, but a large room off the school has been relegated to the use of the masseuse and her assistants. Three mornings a week the children who have that treatment attend and go through remedial exercises and have their massage. The apparatus in the room is of the very simplest character, mainly made by our own carpenter.

There are on an average between seventy and eighty cases being treated in the hospital; the nurses receiving their adult and maternity training by affiliation with other hospitals, also an optional infectious course.

The spinning of dogs' wool has proved a success, and several offices have been opened in London to receive and prepare the combings. The Ladies' Kennel Association, Belfast Chambers, Beak Street, Regent Street, West, receive the wool, sterilize it and clean it, after which it is sent to the central work rooms for spinning. The wool from Pekinese and collies is especially beautiful; the old grey sheep dog is also responsible for delightful knitted jackets that stand no end of wear and launder beautifully. All soft-haired dogs yield lovely wool, and the hair from wire-haired dogs is used to stuff pillows for the wounded. The Countess of Gosford, Royal Acamedy, Picadilly, West, has charge of this industry.

The following nursing sisters have returned to Canada: N. B. Montgomery, J. M. Carr, L. G. Long, R. G. Peterkin, C. Brosseau, M. O. Gauvreau, T. A. E. Lloyd, B. A. MacKinnon, M. Mackintosh, M. B. Hanna, A. E. Gardner, G. M. Ferguson, B. Countryman, H. M. Gleeson, G. B. Hiscock, S. A. L. Manchester, M. E. Patterson, J. B. Pringle, D. M. Webber, M. F. Haliburton, A. R. Layton, J. W. Cochrane, M. K. Brown, E. T. Rogers, L. Walker, L. A. Spry, M. Morkin, E. Melando, M. Fortune, A. Hicks, C. E. Greenwood, M. Carmichael, C. C. MacDonald, L. A. Dawson, M. Parks, D. M. Cotton.

The following nursing sisters have been struck off the strength for various reasons: A. Forbes, H. M. Bellisle, W. Lamarche, M. E. Casey, M. A. Thompson, B. L. Symon, J. A. M. Pelletier, G. M. Ferguson, C. O'Brien, A. B. Hamilton, M. E. Shaw, E. C. Anderson, D. E. Batkin, F. N. Colvin.

For Tired Nerves. Take frequent baths in fresh and salt water. Walk as much as possible—never ride if you can walk. Hold the head erect, the shoulders square. Morning is the best time for walking. Practice deep-breathing—it will soon become a habit. Sleep all you can, and you will soon find the tired nerves are becoming normal again.

D. M. Ryan.

Editorial

Next to the glorious news that the Armistice had been signed, the prevailing epidemic has held the thoughts and efforts of all our nurses, to the exclusion of almost everything else. This terrible scourge, so universal at the same time took all of us—doctors and nurses—unawares, and we did the best we could, with no system or organization ready. Just what conditions were in other places the Editor cannot say, but she can from personal observation in the Emergency Hospital at the King Edward High School in Vancouver, and fancies much the same conditions prevailed everywhere else. At one time there were nearly four hundred patients, and to nurse them the help was divided into three shifts of eight hours each. Now at the most there were eight nurses to a shift, and the midnight-to-morning shift had often less. These nurses included second and third year nurses from the V.G.H.; others who had partly completed their course at some past date; those who were married or who had, for one reason or another, left active work till the call came. The best possible under the circumstances was done; and a great many volunteers, who knew nothing of nursing, but who were willingness itself, did what they could to supplement the lack of trained nursing care. It is not a pleasant thing to have to confess, but the fault of not having an organization to deal with this epidemic rests very much with us—the Canadian Association of Trained Nurses. Even before the terrible Halifax disaster, and more particularly since, has the question of a National Service Nursing Corps been urged. A special resolution containing one well-worked-out scheme to get the organization started was presented at the last meeting of the C.N.A. Convention. Owing to a full programme, this important bit of business did not receive as much attention as it would have done had it been presented earlier in the convention. The matter was passed over to the executive to deal with. So far has it gone. But what is that in the face of the conditions recently? Had we had the nurses organized as they should have been, we could have mobilized them and used them to the best advantage. We know only too well that there were nurses on cases other than "flu" where they could have been spared; where there were two on "flu" cases where one and a volunteer would have done the work there and given a priceless graduate nurse to care for whole families stricken or in emergency work everywhere—and nothing but willing and unskilled volunteers who, to their everlasting credit, did the best they knew. As it was, nothing could be done. But let us wait no longer. Let us have a clearing house in each locality where the nursing material can be dealt with, placing all where the best work can be done. What a contrast to present conditions!

The executive have been authorized to act. Let a start be made—the enrolment of our nurses made. They are as ready to enrol for

duty here as our sisters were to go overseas. If our associations are to amount to anything but talk, let all petition the C.N.A. for immediate results.

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When a recent book—*"Canada in Khaki"*—was published, the frontispiece, with an illustration showing one of "our boys" with his arm around a nursing sister, was objected to by many nurses. The president, Miss Gunn, wrote to the publishers, stating the view taken by the nurses that the illustration was, to say the least, undignified and did not in any way represent the wonderful spirit of service with which our nurses had met the difficulties of overseas work. The publishers were most pleased to change the offending illustration and were most courteous in their attention to Miss Gunn's request.

We are so proud of our nursing sisters, who have, indeed, made every Canadian nurse feel that hers was indeed a high calling, and to bask in the reputation these fine women have made, so it is gratifying to print the following article taken from the *British Journal of Nursing*:

OUR HEROINES—MILITARY MEDAL

"His Majesty the King has awarded a Canadian matron and five sisters the Military Medal for distinguished services and splendid courage under fire; we have pleasure in giving in detail the record of the special acts of gallantry for which they have been awarded the honor:

"Matron Edith Campbell, R.R.C., C.A.M.C.—For gallantry and devotion to duty during an enemy air raid. Regardless of personal danger, she attended to the wounded sisters and, by her personal example, inspired the sisters under her charge.

"N. Sister Leonora Herrington, C.A.M.C.—For gallantry and devotion to duty during an enemy air raid. She remained at duty the entire night and, by her excellent example and personal courage, was largely responsible for the maintenance of discipline and efficiency.

"N. Sister Lottie Urquhart, C.A.M.C.—For gallantry and devotion to duty during an enemy air raid, when bombs fell on her wards. Regardless of danger, she attended to the wounded. Her courage and devotion were an inspiring example to all.

"N. Sister Janet Mary Williamson, C.A.M.C.—For gallantry and devotion to duty during an enemy air raid. When in charge of a ward badly damaged, she displayed exceptional coolness, and, regardless of personal danger, sustained her patients and ensured their evacuation.

"N. Sister Meta Hodge, C.A.M.C., N. Sister Eleanor Jean Thompson, C.A.M.C.—For gallantry and devotion during an enemy air raid. Although injured by a falling beam, these sisters displayed great presence of mind in extinguishing overturned oil stoves, and later rendered valuable assistance in the removal of patients."

Letters to The Editor

The Rockefeller Institute for Medical Research,
New York, N.Y., October 1, 1918.

To the Editor:

A gradually increasing misconception of the art of anæsthesia has led to a rather unique condition of affairs.

We find that nurses and other lay persons may, by the simple acquisition of a few rules, become anæsthetists. Large institutions have adopted the nurse anæsthetist upon grounds of economy, expediency and even sentimentality. It is argued that these workers can be employed at little expense, that the supply meets the demand, and that the feminine element eliminates fear and works for smoothness during the induction of the anæsthesia.

These institutions may employ lay persons to take their X-ray pictures and to make urinary, blood or sputum examinations; but does anyone dream of speaking of these workers as the hospital rœntologist or the attending pathologist? They are employed as technicians. The nurse who administers an anæsthetic is an anæsthetic technician. She can never be more without a medical degree; for, in order to understand the language of anæsthesia, one must have intimate acquaintance with anatomy, physiology, medicine, surgery, diagnosis, psychology and special branches.

The nurse who, in discussion with a medical man, attempts to defend a theory relating to anæsthesia, cannot fail to feel the presumption of it and, if graced with wit, to see the absurdity of such a position. Yet it has actually come to pass that medical men have suffered themselves to be instructed by a nurse in the theory and practice of anæsthesia.

In justice to an important branch of surgery and to our medical confreres who devote their training and their energy to its development, let us drop the term anæsthetist, as applied to its non-medical workers, and adopt the term anæsthetic technician.

PAUL J. FLAGG.

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Canadian Presbyterian Mission,
Kong Moon, China,
via Hong Kong,
August 15, 1918

Dear Fellow Nurses:

I have long had it in mind to write and tell you something of our work in South China.

I came to China, in the autumn of 1915, to do work in the above mission, Canadian Presbyterian. We are allowed two years for language study, the first of which I spent in Canton, attending the language school there. The second year I spent in our station, Kong Moon, one night's journey from Hong Kong; also about eight hours' launch ride from Canton, these three cities forming a triangle.

Our hospital building in Kong Moon is a union one, the work of the male and female departments being carried on under one roof, although the two departments are distinctly separate. During the past year the male department has been closed owing to the severe illness and absence on furlough of the doctor in charge of that work.

Our staff consists of one foreign doctor, one Chinese doctor, eleven Chinese nurses, and myself; also one male nurse, who assists the doctor in the male dispensaries (which we are keeping open) and to care for any emergency patients whom we think it advisable to admit.

The hospital is small, twelve patients being the average number, although during the past few months we have had fifteen a good part of the time.

I expect you will wonder how we can keep eleven nurses busy when there are so few patients; but I will frankly say, we cannot do it. Since Dr. McDonald had to go home last year, we have not done much surgical work—therefore few dressings, etc., are required. Give the nurses material to make clothing, bandages, etc., and in a couple of days it is all finished—by the simple method of handing it over to the patients to do. Of course, we like to have the patients work, too. They have no beds to keep straight, as most of the beds are boards covered with matting; and the covering, unless covering the patient, is folded up at the foot of the bed. The pillows, too, are no trouble to keep in place, as they are chiefly lacquer-ware, 10 inches long by 5 inches wide and 7 inches high. Take all this out of the day's work and there is not very much else to do, with ordinary patients that are able to be out of bed. Of course, we have mattresses for very ill patients and operatives, and then the nurses have a little more to do; but, as a rule, even seriously ill patients prefer the hard bedboards and small pillows.

Perhaps I had better tell you why we have so many nurses. Before I came to China, three classes of nurses had been taken—four in each class. Of the first class, one remained; she graduated and was married a year and a half ago. Of the second class, none remain; and of the third class, three remain—they graduate this autumn. Their reasons for leaving are various—this one is to be married, another one is recalled by her family, another does not care for it, and still another wishes to study something else. Having had this experience, we took in a larger class, six girls; but so far none of them have shown any desire to leave. So this year we only took in two, as we had to have a class who would be experienced after the others graduate.

We have two girls on night duty, always, and distribute the others on ward and dispensary duty. The nurses do all the dispensing of medicines—a senior in charge and a junior to assist.

The Chinese doctor is supposed to do the dressing of all the in-patients; but some, the easier and unimportant ones, are handed over to the nurse in the dispensary, who also does the dressing of outside patients.

We have dispensary twice a week in the hospital, twice a week in Kong Moon City (three miles away) and once a week in another city. One nurse always goes with the doctor to these out-dispensaries.

We have some interesting patients, occasionally. At the present time there is a little baby, who was brought in by a young doctor in Kong Moon City. The baby was a girl, with a terrible hare-lip, no upper palate at all, so was not wanted by its parents, and was brought to us in March, when it was a few weeks old, looking very much like a famine orphan, it was so thin. For a time it did nothing but cry and drink milk. But when we thought it was beginning to get over its crying habit it developed boils on the head, and has been having them now for three months. In spite of the boils, though, she is beginning to pick up a little, but there is still great room for improvement. She is a dear little thing, just beginning to talk to herself, and watching for everyone who comes near to speak to her.

We had a little girl for a while who was picked up off the street by one of our preachers. Her eyes were in a terrible condition, and we found, when they were washed out, that she had lost her sight. We kept her until there was an opportunity of sending her to a school for the blind in Canton. She was only three or four years old, and it was so pathetic to see her learning to walk with a stick the nurses gave her.

Another interesting, but sad, case we had this year was a foreign woman, Australian, who had married a Chinese man. She was living down in the country, and became paralyzed three days after giving birth to a child. Some time afterwards, a native doctor (not knowing anything of foreign medicine) said she would die on a certain date, and she was immediately carried out and put on the kitchen floor—not even boards, it was the bare ground. She was unable to help herself, but, after lying on the kitchen floor for a couple of weeks, prevailed on her husband to come and see us. He came, and we sent back a stretcher for her. She was on the stretcher a day and a half before she reached us, and was in a terrible state. We found her completely paralyzed, and she had two large sores right into the bone. With care, nourishment and medicine, she was able, in a few days, to move her hands; then, gradually, her toes, then her feet. As our hospital has no ward for foreign patients, and we did not have the proper appliances for her case, we made arrangements for her admittance into a hospital in Hong Kong. She was with us three weeks and was greatly improved, and the two sores were clean. Three months after she left us, she came

back to give us a call on her way home from the hospital. The sores were healed up; she was able to walk, with only a slight limp, and she had put on quite a bit of flesh. It was a great surprise and pleasure to us to see her as, when she came to us, we had not much hope of her recovery; but here she was, well and happy, and walking. She was expecting to go back to Australia in about a month, but we fear she is away down country again. How we pity these foreign women who marry Chinese men and come to live in China! No one knows what their life is until they have been in China and have seen the results of such marriages. Happily, these marriages are not so common in Canada as in Australia; but if any of you ever have an opportunity of preventing such a union, do so.

I see by *The Canadian Nurse* that all nurses' associations and alumnæ are busy with Red Cross work. We, the ladies of our mission, and the other ladies living at Kong Moon Port also try to do a little to help this noble work. We meet together each Friday afternoon, for two or three hours, and make shirts, pyjama suits and milk-covers for the Hong Kong Red Cross Society. We also knit; and if you could pay us a visit some day and have a meal with us, you would find that we do a lot of our knitting between courses at meals, because most of us are otherwise engaged during the day.

Now I have written several pages, and I hope it will be of enough interest to lead some nurse to offer her service to work in the army of the great King of Kings, and help to bring relief and peace and joy into the lives of some of the poor sufferers in these Eastern lands, where so little is known of the science of healing, and of the Great Physician.

Yours in service,

H. ALENA SHEARER.

NURSING AND THE WAR

A writer in a medical journal advocates that the shortage of nurses should be met by intensive training. There should be more fitting preliminary training in subjects that hospitals cannot teach to advantage. The course in hospitals should be cut down to four terms of three months each, for which the pupils should pay, and during which time they should receive more personal supervision from trained teachers, and nurses should board themselves outside of the hospital. Nursing is the only profession in which women are given board and lodging free of charge, and, instead of paying for their instruction, are paid for their services during training. It may be pointed out, however, that in no other profession does the pupil do manual labor for the benefit of the institution in which she receives her training, and for this her education is not a full compensation, as much of it is not necessary for the perfecting of her technique.

Victorian Order of Nurses

Nova Scotia

The V.O.N. are now fairly well settled in their new home on Gottingen Street, Halifax. During the epidemic of influenza, four of the nurses were isolated to look after influenza cases only. Two motor cars were loaned to them, one by the Red Cross and one by the Board of Health.

British Columbia

The V.O.N. in British Columbia has had a very busy time—like all nurses—during the influenza epidemic. A notice was sent from the Central Board in Ottawa, stating that though we do not do, as a rule, any contagious nursing, we must during this present epidemic do all in our power to meet the needs of the people and eliminate suffering as far as possible. The Board in Vancouver were able to reserve a part of the staff for obstetrical work and, with the kind help of volunteer married nurses, we kept this end of the work going as far as possible. A diet kitchen was opened, which was of great service to many families having no one to do the cooking. The nurses were convoyed to and from their cases by friends of the Order, saving, in this way, much time.

Mrs. Stewart, who for six years has worked in North Vancouver, is resigning on account of ill health. Our thanks go with her for her good work. Miss Bufton is appointed to succeed her.

Miss Jessie Forshaw, in charge of the Saanich District, has been called home for a few days, her brother having died from pneumonia, following influenza. We extend our sympathy to her in her loss.

Ontario

On the transfer of Miss M. Flemming, who for the past six months has been the Victorian Order nurse in Galt, Ontario, to become assistant on the Ottawa staff, the Council placed on record their acknowledgement of the work done by Miss Flemming and regret her removal from Galt, where she had given such constant and devoted service. The committee presented Miss Flemming with a bar pin, and the medical profession gave her a wrist watch.

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A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
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Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
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Reading Room—The Club Room, 638a Dorchester Street West.

News from The Medical World

By Elizabeth Robinson Scovil

The Nursing Crisis

Under this title, the *Canadian Medical Association Journal* considers the difficulties that confront Canada, as well as the United States, in obtaining sufficient nurses for the needs of civilians as well as of the army.

Three plans are suggested: First, an appeal to the young women of the country to enter the nursing profession as a patriotic duty. This has been tried, in a measure, and is only partially successful. Second, that the medical department of the army start training schools of its own. The effect that this would have on standards of nursing education causes this plan to be dismissed. There is not a sufficient variety of cases for well-rounded training. Third, voluntary aid. This is the most favorably considered. It is for the duration of the war only. The country would not be flooded with imperfectly-trained women after the war. The class of women it would appeal to have time and money at their disposal. Civilian hospitals could be utilized for training, if Government aid were given to solve the financial problems connected with the plan.

Vaccine Prophylactic of Scarlet Fever

An Italian physician has made a vaccine from the scales of a scarlet fever patient that seems to be able to confer permanent immunity on those into whom it is injected. These bearing scales are the last strong-

hold of the organism that causes the disease. Children, from two to nine years, treated with the vaccine until the immunity reaction appeared, did not develop the disease, although in close contact with scarlet fever patients or peeling convalescents. None of the twenty-three children thus treated took the infection, although two cases of scarlet fever were treated in the open ward with them without isolation.

Healing of Wounds

Observations of 3,000 war wounds have shown that they heal better and more rapidly when the dressings are changed daily and are not allowed to stick to the surface. To prevent this, the wounds are covered with gauze of 2 min. mesh, soaked with petrolatum. This allows the secretions to escape and the dressing to be changed without injuring the tissues. Iodized starch is said to insure a more rapid repair of tissue than any other of the numerous antiseptics.

Serum for Influenza

It is stated in the daily press that Dr. William Reginald Jaffery, of New Brunswick, now Director of Laboratories of the Public Health Department, Hamilton, Ontario, has produced a serum that is efficacious in the treatment of Spanish influenza. He has made 700 inoculations with the anti-toxin and found the results satisfactory.

American medical journals report that the State encourages the distribution of influenza vaccine intended for prophylactic use, but in such a manner as will secure scientific evidence of the possible value of the agent. The use of such vaccine is to be regarded as experimental. The State shall neither furnish nor endorse any vaccine at present in use for the treatment of influenza.

Women and Child-Bearing

The Metropolitan Life Insurance Company states, as the result of a study of mortality among women from causes incidental to child-bearing, that between the ages of 15 and 44 the diseases and conditions incidental to child-bearing account for the death of more women than does any other disease or class of diseases, except tuberculosis. Most important of these fatal diseases was septicemia, which was responsible for 43 per cent. of the total. Albuminuria and convulsions caused over 26 per cent. The report further says that the figures relating to mortality on account of child-birth in the Metropolitan Company are steadily improving, due to the extension and improvement of the pre-natal and post-natal nursing service inaugurated in 1909. From 1911 to 1916 the death rate fell 10.7 per cent., the decline in septicemia being 17.3 per cent.

This is a strong argument for proper care of women during pregnancy, at the time of delivery and during the puerperium, if the Canadian nation is to be built up after the ravages of war.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

It is with a great deal of satisfaction that we announce the opening of a Department of Social Service at McGill University, under the directorship of Mr. Howard Falk.

This is the initial year. The course is to comprise four special courses: (a) The family and care work; (b) the social development of the community, urban and rural; (c) industrial problems of to-day; (d) the practice of government and the responsibility of citizens; and of a general course of approximately thirty lectures, covering social problems of to-day, by the director and special lecturers.

Owing to the epidemic conditions, the course is opening in the middle of November. A large enrollment is expected in all the courses.

The Victorian Order of Nurses is affiliating, and thirty-five members of the Montreal branch are enrolled for the general course.

New Brunswick

Dr. Mabel Hanington, of St. John, has been appointed medical inspector for the schools of St. John, and Mrs. M. Armstrong, R.N., school nurse. This is the first "medical inspection" of schools in the Province of New Brunswick.

The Department of Public Health, under the supervision of Hon. Dr. Roberts, is to be congratulated for the able manner in which the recent influenza epidemic was handled. This department was only authorized at the last session of Parliament and was not organized at the outbreak of the influenza. However, Dr. Roberts, seeing the need of prompt action, appointed medical health officers *pro tem* in the different districts throughout the Province.

The scarcity of trained nurses, due to the war, was supplemented by the Sisters of Charity and the V.A.D.'s offering their services to the "Department of Health."

Groups of V.A.D.'s, under the supervision of a graduate nurse, were sent to the more isolated parts of the Province where the disease was rampant and help scarce.

The Sisters of Charity did excellent work in the homes of the sick in their respective localities, supplying food when needed.

Diet kitchens were opened in St. John by the V.A.D.'s, where food for the sick was prepared and contributions from people outside could be sent. One hundred and seventy families were being supplied with food at one time during the epidemic. Members of the V.A.D. delivered

the food by auto to the stricken people at certain times during the day. Broths, soups, jellies, etc., were supplied at first, and, as the patients became convalescent, more hearty food was given them.

An emergency hospital was also opened in St. John by the local Board of Health. The Parks Convalescent Home, which had formerly been used by returned soldiers, was procured and fitted up temporarily. Nurses from the General Public Hospital, assisted by the V.A.D.'s, were placed in charge and rendered valuable service.

The ban—closing churches, schools and theatres and prohibiting the holding of public meetings—which was one of the first orders of the Public Health Department, has been raised after a period of five weeks.

The Diet Kitchen

By Elizabeth Robinson Scovil

Vegetables

Vegetables have an important place in the diet of the invalid, particularly of the convalescent. Some are rich in starch, as potatoes; some in protein, as dried peas or, in less proportion, green peas. All are of value because of the bulk they furnish, which helps in the elimination of waste matter from the body.

There are many delicate vegetables which are sure to be relished; but those usually considered the coarser, commoner ones can be so prepared as to make a very acceptable dish.

Cabbage, which has acquired a most undeserved notoriety because of improper cooking, is delicious when it is boiled as it should be. Shred it fine; put it in boiling, salted water and cook for twenty minutes, or half an hour. Serve hot, with or without white sauce. You will be unable to detect the slightest odor while it is being cooked, especially if the pot is left uncovered.

Carrots have a higher food value even than cabbage. Few things are more unappetizing than a large yellow carrot. Cut into thin strips, or small cubes, and cook about half an hour. Serve with white sauce.

Turnips cut in dice, boiled about twenty minutes and served in white sauce are liked by many persons.

Many kinds of cooked vegetables may be scalloped—potatoes, cabbage, cauliflower and even the despised onion being excellent when so prepared. Cut potatoes into dice, quarter or tear apart onions, separate the flowerets of cauliflower and use the shredded cabbage. Season the vegetable, place it in a baking dish and pour over it a white sauce. Cover with buttered bread-crumbs and bake until the crumbs are brown.

Celery may be stewed until tender, being first cut in inch lengths, and then served in white sauce, or scalloped, if preferred.

Green vegetables, as peas or beans, keep their color better if cooked uncovered. Ten minutes is sufficient to boil tender young green peas. Too prolonged cooking ruins the flavor of any vegetable.

Raw celery is much liked by some persons, and the tender heart of a cabbage, finely cut, is very palatable. Cabbage loses about one-third of its food value when cooked.

Brussels sprouts belong to the cabbage family, but are rather more delicate, as cauliflower is said to be a cabbage with a college education. The sprouts grow along the entire stem, one root yielding about two quarts. They are prepared like cauliflower and cabbage.

Salsify, or oyster plant, is a vegetable much liked by connoisseurs. When the root is washed and scraped it should be put into water with a little vinegar to prevent its discoloring. It is cut in inch slices and cooked in boiling salted water until tender, then served with white sauce. After boiling it may be mashed, seasoned with salt and pepper, made into little flat cakes, dipped in flour and fried in a little butter.

Swiss chard makes a delicate and delicious green. It should be cooked in a small quantity of boiling water with salt, well drained, or pressed in the colander, and served very hot.

Canned peas are best drained, rinsed in cold water and heated in a little white sauce. When it is necessary to use canned vegetables, turn them out of the can as soon as it is opened and let them stand in the air for a time to regain the oxygen lost in canning.

Most nurses are familiar with the many different ways of serving tomatoes. Broiling them should not be forgotten, as it is a very appetizing manner of cooking them. Choose firm tomatoes, cut them in two, and then cut a thin slice off the top and bottom; sprinkle with salt and pepper, dip in bread-crumbs, egg and crumbs again, place in a well-buttered broiler and broil until well heated through, about eight minutes.

It is rather difficult to cook asparagus so that it looks well when alone. Cut the stalks rather short, and tie a bunch sufficient for one person; stand this in a deep kettle and pour in enough boiling water to cover all but the tips. Cover the kettle tightly and boil until the stalks are tender; the steam will cook the tips. Add salt when nearly done. Drain off the water and serve on strips of buttered toast, with or without white sauce as desired. The water may be saved to use in making cream of asparagus soup.

Vegetables that have not been freshly gathered should be soaked for a short time in cold water. All vegetables should be washed before cooking to remove any possible contamination.

Every man's task is his life-preserver.—EMERSON.

War Notes

As soon as Bruges was retaken by the Allies, the King and Queen of Belgium visited it by airplane. They walked about the streets, the people weeping for joy and receiving them with every demonstration of delight. The famous belfry, celebrated by Longfellow in his well-known poem, 350 feet high and built in the latter part of the 14th century, seems to have escaped uninjured. It is the tower of the Halles, now occupied by a market and the municipal offices. The chimes, forty-eight bells, are among the best in Europe.

Mr. Balfour, the English Foreign Secretary, has publicly stated that under no circumstances is it consistent with the safety, security and unity of the British Empire that the German colonies should be returned to Germany. The cruel misgovernment of the natives renders it impossible that they should ever be placed again in the power of such unscrupulous rulers.

The entire country between Valenciennes and Tournai is as barren as a desert, as far as the personal property of the French inhabitants is concerned. Liberated civilians say that the retreating Germans carry so much loot, they stagger under the loads.

A Berlin telegram states that a neutral commission, under the direction of Baron Von der Lancken, head of the political department at Brussels, has been appointed to go to the front and investigate the accusations regarding wanton German devastation. The selection does not seem to be one that will inspire confidence, as it was this man who refused to interfere to prevent the murder of Edith Cavell.

Sir Watson Cheyne, at the opening of the session of King's College Hospital Medical School, London, said that women doctors run base hospitals in France just as well as they are run by men. For the first time in its history women are admitted to this medical school, and there are already sixteen on its books.

Marconi has sent a wireless message from Carnarvon, Wales, to Australia, a distance of over 12,000 miles. So wonderful are his instruments that it took only one-fourteenth of a second for the message to go half round the world. The wireless has been a great factor in the war, leaping belligerent barriers and uniting widely-scattered allies.

American troops captured a German machine-gun during recent fighting and found it was being operated by two women about 23 years of age. They had often taken boys of 15 prisoner, but this was the first time they had encountered women. It is safe to say that the captives were not treated as Germans would have treated them had the situation been reversed.

Hospitals and Nurses

NOVA SCOTIA

Miss Barrington, president of the N.S.G.N.A., Nursing Sister Hayden, and Nursing Sister Rice, matron of the Station Hospital, are among the nurses who have been ill with influenza.

The engagement of Nursing Sister Anna Cameron, of New Glasgow, graduate of the V.G.H., Halifax, who has recently returned from overseas, is announced.

Miss Maybie, who has been appointed matron of Cogswell Street Hospital, recently returned from overseas, is a graduate of the R.V.H., Montreal.

Much sympathy is felt for Nursing Sister Davies, of Pine Hill Convalescent Home, on the death of her sister, Mrs. Barrington, of North Sydney.

Among the military transfers in Halifax: Nursing Sister Florence Fraser, from Camp Hill Hospital to Cogswell Street Hospital; Nursing Sister Grant, from Camp Hill Hospital to Pine Hill Convalescent Home; Nursing Sister Layton, from overseas to Camp Hill Hospital.

When an urgent call came to Halifax from Massachusetts for help in the influenza cases, the following volunteers from the V.G.H. left, under Miss Pemberton: Misses Taylor, Redwood, G. Crosby, H. Chilholm, C. MacInnis, A. Gilmour, Duncanson, J. Chisholm. Miss Duncanson was the only one who contracted the disease, and, fortunately, made a good recovery. Many expressions of appreciation have been received for the work the nurses did.

When the epidemic broke out in Nova Scotia, two nurses left the V.G.H. to help in nursing in Shelburne. Other volunteer nurses worked in the emergency hospital in Halifax, under the direction of Miss M. Cameron. Miss Mullins, of the school staff, gave much assistance also.

Miss C. MacInnes has resigned her position as charge nurse at the V.G.H. to accept an appointment at the emergency hospital.

It is with deep regret that we record the death from influenza of Miss Lottie Flick, who was acting as night superintendent in the V.G.H. at the time of her death. She will be greatly missed in the hospital among her friends.

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QUEBEC

Mrs. Cecil Ewart (B. H. Fairservice, R.V.H., 1904) is now a nursing sister at Beechborough Park, Canadian War Contingent Hospital.

Nursing Sister Seaborn Robertson (R.V.H. '14) was recently mentioned in the despatches.

Miss Margaret Harrison, whose death was reported in the November number, was at her home in Toronto preparing to return to Montreal for private duty when the urgent call came from Boston for nurses for Spanish influenza. Miss Harrison immediately offered her services and was assigned to Noble Hospital, Westport, Mass., where, three weeks later, she died of the dread disease. Miss Harrison was a particularly successful and beloved special nurse, and her passing leaves a sad blank in R.V.H. circles.

Lieut. and Mrs. H. M. Patterson are recent arrivals from England and will take up residence in Montreal. Mrs. Patterson was Dorothy Montizambert (class of 1916) and was attached to Taplow Hospital previous to her marriage in October last.

Sister Winifred Byce, who some months ago returned from France, is, with her mother and brother, spending the winter in Montreal.

Children's Memorial Hospital, Montreal

Nursing Sister Jean E. Thompson, Valleyfield, graduate of the C.M.H., 1915, who went overseas with the Laval Unit in 1916, was recently decorated with the Military Medal for bravery. Although injured, she showed great presence of mind, after the bombing of her ward, in extinguishing the overturned oil stoves, and then helped to remove the patients.

Miss Theresa Fitzgerald enlisted with the American forces, and is on duty at Camp Dix.

Misses I. M. Hayward, E. Fyffe and M. DeCow have been called for military duty.

Miss Purdy, M.G.H., 1916, who has been assistant superintendent of the C.M.H., has left for military duty.

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ONTARIO

Kingston

On November 6th the A. A. of K. G. H. met and packed twelve bags for boys overseas who are "lonelies," having no relatives to send them Christmas cheer; also voted money for comfort bags for the Military Hospital, Kingston, and for a barrel of apples for each hospital for Christmas. The association regretted the loss of one of their members, Miss Jean McCallum, the school nurse for five years, who left to fill a similar position in Saskatoon, Sask.

The many friends of Miss C. Fairlie will be glad to learn that she is making a good recovery after her operation for appendicitis at the Toronto General Hospital.

Ottawa General Hospital

The authorities of the O.G.H. wish to extend their sincere thanks to the graduate nurses and voluntary workers for the great work they did during the recent epidemic in Ottawa.

Among the graduates of the O.G.H. who have been seriously ill with influenza are Miss McElroy, president of the A.A.; Miss C. Devitt, secretary of the A.A.; Misses Redman, Weegan and Griffin. All have made a good recovery.

Miss G. Evans (1908) has recovered from an operation for appendicitis.

It is with regret that we record the deaths of two of the sisters who passed away recently. Rev. Sister Ste. Marjorie died at the hospital after a short illness, and Rev. Sister Ste. Hildegarde died at the Mother House after a lingering illness. The latter was at one time on the hospital staff, but, owing to ill health, has not been on duty for some time.

Toronto General Hospital

As a slight token of the esteem and appreciation in which Miss Jean Gunn, superintendent of the training school of the T.G.H., is held by her staff, on the fifth anniversary of her taking charge she was presented by them with a platinum and diamond barpin.

Brantford

The regular meeting of the Brantford City Hospital A. A. was held November 12th, when the election of officers for the ensuing year, postponed from the month before on account of the epidemic, was held. Arrangements are being made to hold a hazaar in the Nurses' Home on the evening of December 12th.

Miss G. Barick and Miss McCulloch, who responded to the call for nurses from Boston at the outbreak of the epidemic of influenza in that city, have returned to town.

Miss Forde, R.N., superintendent of the hospital, is having a few weeks' vacation.

Hamilton

Nursing Sister Ida Carr, who recently returned from overseas, has been appointed to the staff of the London Military Hospital. At present she is visiting in her home town.

In response to an urgent appeal, September 27th, from the American Red Cross for help in nursing influenza in Boston, the following nurses left September 28th: Misses M. Waddell, M. E. McCloy, M. E. Longley, B. Dallimore, R. Whittham, A. McDonald, J. Galbraith, Finn, Fuery, Allward and Street. They remained three weeks, and then returned to give assistance in combatting the epidemic in Hamilton.

The Hamilton Board of Health opened two emergency hospitals to care for the epidemic; the Victoria Emergency Hospital was in charge of Miss Florence Torrey, and Mrs. Roberts (Miss Margaret McBeth) of the Jockey Club Emergency Hospital.

Miss Hanselman resigned her position in Dr. Olmsted's office to nurse influenza cases.

The many friends of Misses Mary Kennedy and Margaret Galbraith and Mrs. Jarvis will be glad to learn that they are convalescing after undergoing serious operations at the General Hospital recently.

Miss Barbara Simpson has accepted a position at the Toronto General Hospital.

Miss Kate Madden, for the past eight years lady superintendent of the Hamilton General Hospital, resigned, to accept a position at Camp Dix, New Jersey, with the American Red Cross. In recognition of the severance of her connection with the hospital, she was presented by the nurses and staff with a beautiful diamond ring, wishing her every happiness and success in her new work.

* * * *

ALBERTA

At the conclusion of a valuable series of lectures and demonstrations of the summer course held by the Alberta Registered Nurses' Association, a splendid address was given by Miss Johns, superintendent of the Children's Hospital, Winnipeg, who emphasized the need for State inspection of training schools and a State licence board to determine conditions, work and training in the hospitals. Miss Johns, who is a graduate of the Winnipeg General Hospital, handles her subject in a very interesting way, touching on a number of problems which have been receiving the serious consideration of many women, both in and out of the nursing profession, in Alberta. It is felt by the association that this address was most valuable, and urges that more talks of a like nature be given to different nursing associations.

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BRITISH COLUMBIA

It is with deep regret that the death of Miss Sadie McCallum is recorded. She has held the position of superintendent of the Kootenay Lake General Hospital, Nelson, for some time with marked ability. She recently accepted the office of third vice-president of the Provincial Association. This association has lost two of its registered nurses in the loss of Miss McCallum and of Miss Crawford, whose death was recorded in the last issue.

Miss Brewer has accepted the position of superintendent of the Kootenay Lake General Hospital, Nelson, B.C., and Miss Emerson that of head nurse. Both received their training at the Deaconess Hospital, Spokane, Wash.

The establishment of a "Christina Campbell Nurses' Registry," in memory of the Victoria nurse who lost her life in the sinking of the hospital ship Llandovery Castle, was proposed at a meeting of the local branch of the B. C. Nurses' Association. The need of a central registry for nurses has long been felt, and both St. Joseph's and Jubilee hospitals have promised to support the scheme which some time ago was endorsed by the Medical Association.

The regular monthly meeting of the Vancouver Graduate Nurses' Association was held on Wednesday, December 4th.

After the routine business, the president asked for a silent standing vote of tribute for those nurses who had paid the supreme sacrifice in British Columbia, nursing influenza. The toll had been a heavy one.

A very hearty vote of thanks was passed from the association to all nurses, school teachers and other helpers for the splendid work they had done in the recent epidemic.

Nominations for officers for 1919 were then taken. To the regret of all the members, Mrs. M. E. Johnson, able president for the last four years, refused to run for office again.

Miss B. McNair, graduate of the Vancouver General Hospital, has been awarded the Military Medal for bravery in the face of great danger.

It is with deep regret that the death is recorded of Miss McCartin, who was on a visit to her family in McLeod, Alberta, and who died from influenza there.

Births

MARSHALL—On Thanksgiving Day, at Kingston General Hospital, to Mr. and Mrs. Howard Marshall, a son. Mrs. Marshall was Miss Victoria Long, K.M.G.G., Class 1913.

BROCK—On November 25th, 1918, at Rothesay, N.B., to Mr. and Mrs. C. Harold Brock, a son. (Muriel Gillis, R.V.H. 1911.)

HESLIP—On October 24th, 1918, to Mr. and Mrs. Frank Heslip, a daughter. Mrs. Heslip was Miss Brown, graduate of the G. & M. Hospital, Collingwood, Ont., 1913.

LEONARD—At Rockford, Ill., on October 8th, 1918, to Dr. and Mrs. E. L. Leonard, a son. Mrs. Leonard was Miss Rhoda Stentiford, graduate of the Vancouver General Hospital.

SMITH—To Mr. and Mrs. Lee Smith, of Phoenix, a son. Mrs. Smith was Miss Sigsworth, Vancouver General Hospital.

DALE—On September 10th, 1918, to Mr. and Mrs. Gordon Dale (Miss Helen Cartwright, Toronto General Hospital, 1917), a son.

FOX—To Mr. and Mrs. John E. R. Fox, Philadelphia, a son—John Edward F. Fox, jr. Mrs. Fox was Miss Georgie Nuttall, Toronto General Hospital, 1916, and is with her parents in Prescott, Ont., while her husband is with the American expeditionary forces in France.

DOUGLAS—At 493 Wardlaw Street, Winnipeg, November 30th, 1918, to Mr. and Mrs. James A. Douglas (Florence L. Andrews, Montreal General Hospital), twin sons.

Marriages

NICHOLSON-VICE—At Bromley, Kent, England, on October 18th, 1918, Nursing Sister Evelyn Vice, C.A.M.C., to Sergt. M. H. Nicholson, 90th Winnipeg Rifles. Miss Vice, before leaving for the front, was on the staff of the Social Service department of the Toronto General Hospital, of which school she is a graduate (1916).

McKAY-PETERKIN—At Trinity Church, Toronto, on November 12th, 1918, Nursing Sister Ruby Gordon Peterkin, C.A.M.C., to Capt. Hugh A. McKay, C.A.M.C. Miss Peterkin is a graduate of the Toronto General Hospital (1911).

HEAVEN-HAY—On November 12th, 1918, at Holy Trinity Church, Toronto, Annie H. Hay (graduate Grace Hospital 1913) to the Rev. Edward Heaven, Poltimore, Que.

THOMPSON-THOMPSON—On October 23rd, 1918, at the residence of her sister, Mrs. Millar, Agnes (Nan) Thompson to Mr. W. F. Thompson, Roche Point, Parry Sound. Mrs. Thompson is a graduate of Grace Hospital, Toronto.

DUNN-COLVIN—At Oakland, California, Wednesday, October 16th, 1918, Margaret Colvin (Royal Victoria Hospital, Montreal) to Mr. Ransom Ronald Dunn.

McKENZIE-ARTHUR—On September 12th, 1918, Miss Florence Arthur, of Orangeville, to Mr. Kenneth McKenzie, of Alliston, Ont. Miss Arthur was a graduate of the G. & M. Hospital, Collingwood, Ont.

HANDY-LITTLE—On October 2nd, 1918, Miss Sophia Little, of Lisle, to Mr. Howard Handy, of Creemore. Miss Little was a graduate of the G. & M. Hospital, Collingwood, Ont., 1918.

McCRACKEN-WENSLEY—In Toronto, by the Rev. Major MacNamara, Dr. Jack Flemming MacCracken to Miss Ida Wensley (G. & M. Hospital, Collingwood, Ont.). Dr. and Mrs. McCracken will reside in Hagarsville.

THOMAS-ADAMS—Kathleen Adams, Class '14, T.G.H., to Capt. Cecil Thomas. Miss Adams went overseas with the Toronto University Base Hospital in the spring of 1916. She was married in England, and has recently returned to Canada.

HALLIDAY-GREEN—Beatrice Green, Class '17, T.G.H., to Roy Halliday, Toronto.

TESKEY-McGILLIVRAY—Margaret McGillivray, Class '18, T.G.H., on August 13th, 1918, to Lloyd Teskey, Toronto.

STONE-PRANGLEY—Lytta Prangley, Class '18, T.G.H., to Douglas Stone.

SMILEY-ELLWOOD—Olive Ellwood, Class '16, T.G.H., on November 1st, 1918, to Lieut. W. R. Smiley, London, Ont.

LATIMER-BURKE—In Ottawa, Ont., on October 28th, 1918, Mr. A. Latimer to Miss Elizabeth Burke (Ottawa General Hospital, 1906).

LANE-CURRAN—In Ottawa, Ont., on October 20th, 1918, Mr. W. Lane to Miss Ida Curran (Ottawa General Hospital, 1917).

ROBERTS-MacBETH—On October 26th, 1918, at Hamilton, Ont., by the Rev. Beverly Ketchen, Dr. James Roberts, Medical Health Officer, to Margaret MacBeth, graduate of the Hamilton City Hospital.

BRICKER-MILROY—At London, England, on September 11th, 1918, Nursing Sister Kate C. Milroy (Toronto General Hospital, 1913), daughter of Mr. John Milroy, Brockville, Ont., to Capt. George C. Bricker, Headquarters, Canadian Forestry Corps. Since the above wedding notice was received comes the sad news of the death, "Somewhere in France," of pneumonia, on October 27th, 1918, of Captain Bricker.

MACK-SCULTHORPE—At the Methodist Church, Port Hope, Ont., by the Rev. Dr. Shorey, on September 18th, 1918, Muriel Louise Sculthorpe to Dr. Frank Gordon Mack, of Halifax, N.S. Miss Sculthorpe is a graduate of the Toronto General Hospital (1914), and was for two years night supervisor of the Private Pavilion, T.G.H.

CLARKE-PAXTON—At St. Paul's Church, Toronto, April 21st, 1918, Jessie Violet Paxton (Toronto General Hospital, 1916) to Edward George Reynolds Clarke, eldest son of the late E. R. Clarke, M.P., and member of the Canadian Siberian expeditionary force.

Deaths

DUBBS—In Cleveland, Ohio, Mrs. Dubbs (Miss Ella Grusbach), graduate of the G. & M. Hospital, Collingwood, Ont., of influenza which she contracted while nursing her husband.

STUART—At St. Joseph's Hospital, Brantford, Ont., October 27th, 1918, Helen Grant Stuart, graduate of the Hamilton General Hospital.

STEPHEN—At the Hamilton General Hospital, Hamilton, Ont., on November 1st, 1918, Clara E. Stephen, graduate of the Hamilton General Hospital.

FLYNN—At Bishop Ridley College, St. Catharines, Ont., on October 28th, 1918, Herbert J. Flynn, beloved husband of Lillian Tobias, graduate of the Hamilton General Hospital.

GORMAN—On October 14th, 1918, of pneumonia, following influenza, Helen F. Gorman, graduate of the Children's Memorial Hospital, 1916. Miss Gorman was president of her Alumnae, and at the time of her illness was on the staff of the Montreal General Hospital.

McCALLUM—In Nelson, November, 1918, of pneumonia, following influenza, Miss Sadie McCallum, R.N., superintendent of the Kootenay Lake General Hospital; she had just accepted the position of vice-president (third) of the Graduate Nurses' Association of B.C. Miss McCallum was a graduate of St. Paul's Hospital, Vancouver, B.C.

KNOTT—At Nelson, B.C., in November, 1918, Miss Gertrude Knott, of the Kootenay Lake General Hospital, of influenza.

NEFF—On October 22nd, 1918, of pneumonia, following influenza, in Brantford, Miss Blanche Neff, graduate of the Brantford General Hospital, 1914. She volunteered at the beginning of the outbreak to nurse influenza cases in her hospital, and fell a victim after much hard work.

McCARTIN—At McLeod, Alta., Miss L. McCartin, graduate Vancouver General Hospital, on November 29th, of Spanish influenza.

HILL—On November 1st, 1918, of influenza and pneumonia, Gertrude Hill (Class '18, T.G.H.).

AYLESWORTH—On October 15th, 1918, of pneumonia, Hope Aylesworth (Class '18, T.G.H.). Miss Aylesworth would have finished her training on November 18th.

BARR—On October 16th, 1918, of pneumonia, Bessie Barr (Class '19, T.G.H.).

THISTLETHWAITE—On October 21st, of pneumonia, Jean Thistlethwaite (Class '20, T.G.H.).

ROBERTS—At Regina, Sask., on November 3rd, 1918, of pneumonia, following influenza, Mrs. M. C. Roberts (Jean Alport), Class '11, T.G.H. Miss Alport went with the first draft of nurses to No. 4 University Base Hospital. She served in Saloniki and returned to Canada last June, when she married Dr. M. C. Roberts.

MURPHY—At Agassiz, B.C., on November 9th, of influenza, Ruth Murphy, graduate of St. Joseph's Hospital, Victoria, B.C.

PATTERSON—At Vancouver, B.C., November 9th, 1918, of influenza, Charlotte Patterson, graduate Newton Hospital, Newton, Mass.

PEARSON—At Toronto, Ont., on November 7th, 1918, of pneumonia after influenza, Florence Pearson, pupil nurse of Grace Hospital, Class '18.

MacKAY—At Boulogne, France, November 4th, 1918, Nursing Sister Evelyn Verral MacKay, of pleuro-pneumonia. Miss MacKay had been overseas for two years, volunteering for military duty on her graduation from Grace Hospital, Toronto, in 1915.

MacLENNAN—At Toronto, Ont., October 11th, 1918, of influenza and pneumonia, Jessie Rose MacLennan, graduate of Grace Hospital, 1917.

JACKSON—At Regina, Sask., of influenza, Mrs. Edwin Jackson. Mrs. Jackson was Miss Mary F. Bell, graduate of Grace Hospital, Toronto, Class 1911.

JENKINS—In Montreal, Que., on October 17th, 1918, at the Western Hospital, of pneumonia following influenza, Isabel Ferguson (Toronto General Hospital, 1910), wife of George Jenkins, formerly of Toronto.

HILL—At the Wellesley Hospital, Toronto, Ont., November 3rd, 1918, Gertrude, daughter of the Rev. Anthony Hill, formerly of Newfoundland, aged 32 years. Miss Hill was a graduate of the Toronto General Hospital, Toronto, 1916.

At St. Paul's Hospital, Vancouver, B.C., Miss Grace Perrin, Miss Pearl Williams, Miss Irene Jones, Miss Marian Robinson, Miss Eulalie Lanouille, Miss Gladys Farran, Miss Ruth Hinds and Miss Kathleen Bryant, of pneumonia following influenza, all pupil nurses of St. Paul's Hospital.

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